

Garden Revitalization Day

Lake Placid Garden Club

MEMBER REQUEST & GARDEN ASSESSMENT

Thank you for your interest in our Garden Revitalization Program. Our volunteers are committed to helping fellow members restore and beautify their gardens. Please complete this form as thoroughly as possible so we can better understand your vision and determine how we can best assist you.

MEMBER INFORMATION

Name: _____ Address: _____

Phone: _____ Email: _____

Is this property your primary residence? Yes. No

Preferred Method of Contact: Phone Text Email

ABOUT YOUR GARDEN

What is the overall vision or goal for your garden _____

. What areas of your landscape needs attention? (Check all that apply.)

- Weeding Pruning shrubs Removing overgrown plants Planting flowers Mulching
 Planting shrubs Edging beds Dividing perennials Removing unwanted plants
 General cleanup Other: _____

Approximately how large is the area needing attention?

- Small (under 100 sq. ft.) Medium (100–300 sq. ft.) Large (over 300 sq. ft.)

Are there any special concerns we should know about?

- Steep slopes Irrigation system Poor drainage Bees or wasps Poison ivy or thorny plants

Is there an HOA or neighborhood restriction on plants or landscaping? Yes No

If yes please explain _____

Do you have any underground irrigation, lighting, or invisible fencing volunteers should be aware of? Yes. No If yes please explain _____

PLANT PREFERENCES

Which do you prefer?

- Annuals Perennials Shrubs Native plants Pollinator-friendly plants
 Low-maintenance landscaping No preference

Garden Revitalization Day

Lake Placid Garden Club

Are there any plants or features you would like to preserve?

VOLUNTEER ASSISTANCE

Are you physically able to assist the volunteers? Yes Limited assistance No

If yes, how would you like to help? _____

Are you able to contribute toward the cost of materials?

Yes No Unsure

Are you able to purchase or provide replacement plants, shrubs, mulch, or other materials?

Yes No Partial

Comments: _____

Are pets kept on the property?

Yes No. If yes, can they be secured while volunteers are working? Yes No

Is there easy access to the garden? Yes No

Comments: _____

Is a water source available for volunteers to use? Yes No

VOLUNTEER COMFORT

While not required, many members enjoy showing appreciation to our volunteers.

Would you be willing to provide any of the following?

Bottled water Light snacks Restroom access None

SCHEDULING

What days or times generally work best for you? _____

Garden Revitalization Day

Lake Placid Garden Club

Is there a deadline or special event you're hoping to have the garden ready for?

Yes No

If yes please explain _____

Are you willing to allow a committee pre visit to prepare a list of needed supplies and plants?

Yes No

PHOTOS

Please attach if possible 3–6 recent photographs of the garden area(s) you would like assistance with. Would you be willing to have "before and after" photos taken for the club newsletter, website, or social media? Yes No

MEMBER ACKNOWLEDGEMENT

By signing this request, I agree to maintain the revitalized garden to help preserve its appearance and enjoyment for years to come.

I understand that:

- Assistance is provided by volunteers.
- Completion of this form does not guarantee that my project will be selected.
- Project scope will depend on volunteer availability, funding, weather, and available materials.
- The Garden Club reserves the right to modify the scope of work based on safety, time, and available resources.

Member Signature: _____

Date: _____